

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> <i>Please read instructions on next page.</i>							COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Janette Palaganas		2a. CONTACT PHONE NUMBER 415-693-2366			3. CONTACT EMAIL ADDRESS jpalaganas@cooley.com										
1b. ATTORNEY NAME (if different) Rebecca Tarneja		2b. ATTORNEY PHONE NUMBER 213-561-3225			3. ATTORNEY EMAIL ADDRESS rtarneja@cooley.com										
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Cooley LLP 3 Embarcadero Center, 20 th Floor San Francisco, CA 94111		5. CASE NAME In re College Athlete NIL Litigation					6. CASE NUMBER 4:20-cv-3919								
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Ana Dub		8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>													
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
9/21/2023	CW	Motion	Full hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Rebecca Tarneja											12. DATE 09/25/2023				